



co.adams.wi.gov

**OFFICE USE ONLY:**

File #: \_\_\_\_\_

Date: \_\_\_\_\_

Parcel #: \_\_\_\_\_

State Sanitary #: \_\_\_\_\_

State UDC Seal #: \_\_\_\_\_

Waterfront Yes No

Critical Habitat Area: Yes No

County Zoning District: \_\_\_\_\_

Shoreland Zoning District: \_\_\_\_\_

FIRM / Flood Study Zone: \_\_\_\_\_

Airport Height Zoning: \_\_\_\_\_

**Planning & Zoning Department  
Permit Application**P. O. Box 187 Phone: 608 339-4222  
Friendship, WI 53934 Fax: 608 339-4504

**\*ADDITIONAL REGULATIONS:** (1) Per Sec. 6-1.06 of the Adams County Shoreland Protection Ordinance, all nonconforming shoreline buffer areas shall be brought into compliance by September 30, 2013, unless prior to said date, NR115 as revised, requires less for compliance. (2) The undersigned hereby applies for a Permit to do work described and located as shown on this application and the attached plot plan. The undersigned agrees that all work will be done in accordance with County Zoning, Sanitary, Building Construction and/or Land Division Ordinances and with all laws of the State of Wisconsin applicable to said premises and work. (3) There may be Town or other local regulations or covenants that apply to your project. For your protection, determine if your project is subject to any regulations etc. other than Adams County.

**BUFFER RESTORE EROSION CONTROL ZONING SANITARY BUILDING RAZING SIGN TEMP. OCC.**

Date: \_\_\_\_\_ Fee: \_\_\_\_\_

**COUNTY USE PERMIT { Portable Restroom – Transfer Container – Limited Holding Tank } NON-PLUMBING SANITATION SYSTEM**

Type: \_\_\_\_\_

**NOTE: Construction must be completed within two (2) years from the issue date of this Permit.**

**\*SETBACKS:** All lot lines shall be physically marked for all setbacks that are less than ten feet greater than the required setback (e.g. side lot setback = 10 ft., if actual setback will be less than 20 ft., must mark lot line). Permits are issued based upon information submitted including the plot plan. It is the property owner/contractor responsibility to complete construction according to the approved submittals. Please call the Planning & Zoning Dept. to schedule inspection(s) for your project.

**PLEASE PRINT CLEARLY & FILL OUT COMPLETELY**

**Owned By:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
{First} {Middle Initial} {Last}

Mailing Address: \_\_\_\_\_

**Property Description:**

Gov. Lot: \_\_\_\_\_ or \_\_\_\_\_ 1/4, \_\_\_\_\_ 1/4, Sec. \_\_\_\_\_, T \_\_\_\_\_ N, R \_\_\_\_\_ E

Lot: \_\_\_\_\_; Block: \_\_\_\_\_; Addition: \_\_\_\_\_; Subdivision: \_\_\_\_\_

Town of: \_\_\_\_\_ Property Address (if any): \_\_\_\_\_

Lot / Parcel Size: Width: \_\_\_\_\_ Length: \_\_\_\_\_ Acres / Sq. Ft.: \_\_\_\_\_

**Construction Description:** \_\_\_\_\_

(New Building, Addition, Electric, Plumbing, HVAC, Moving, Alteration, Sanitation, Sign etc.)

Use: \_\_\_\_\_

(Residence, Accessory Building, Commercial, Industrial, Public etc.)

Type of Construction (if Manufactured Home, list year): \_\_\_\_\_

(Frame, Masonry, Manufactured Home, Manufactured Dwelling, etc.)

**Building Description:** Width: \_\_\_\_\_ Length: \_\_\_\_\_ Area: \_\_\_\_\_ Sq. Ft.

Height: \_\_\_\_\_ No. of Stories: \_\_\_\_\_ No. of Bedrooms: \_\_\_\_\_

**Signature of Owner or Agent:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

(Signature grants consent for Dept. staff to enter premises and \*acknowledgement of notes above)

Address: \_\_\_\_\_

**OFFICE USE ONLY:**

Zoning: \$ \_\_\_\_\_ Comments / Conditions: \_\_\_\_\_

Sanitary: \$ \_\_\_\_\_

Building: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Subtotal: \$ \_\_\_\_\_

State Fee: \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

Paid (check # or cash): \$ \_\_\_\_\_

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

By: \_\_\_\_\_ Denied by: \_\_\_\_\_ Date: \_\_\_\_\_